



January 20, 2014

TO: info@hmprg.org

FROM: Illinois Academy of Family Physicians

RE: Comments on Medicaid 1115 Draft Application

The Illinois Academy of Family Physicians continues to offer comments below in order to **bolster support** for the Illinois Medicaid Program as it applies to Centers for Medicare and Medicaid (CMS) for a comprehensive waiver granted under authority of Section 1115 of the Social Security Act. We recognize the *Path to Transformation* waiver will cover all populations who are currently eligible for Medicaid and who may become eligible after ACA implementation through four important “pathways”.

With regard to the 11 waiver goals, **IAFP strongly supports Waiver Goal 11. Enhance access to community-based behavioral health and substance abuse services and encourage integration of these services with physical health care services.** CMS has released the final rule implementing legislation intended to put insurance benefits for patients with mental health and substance abuse

disorders on par with those for other covered health problems. The American Academy of Family Physicians and 17 other health organizations are urging the agency to amend the rule's language to ensure Medicaid and the Children's Health Insurance Program (CHIP) are included. The rule stems from the [Mental Health Parity and Addiction Equity Act of 2008](#). According to the [Jan. 8 letter to CMS Administrator Marilyn Tavenner, M.A.](#), it is vital that the same consumer protections offered by the MHPAEA that are enjoyed by those with private insurance also are available to Medicaid patients and children in the CHIP program, say the organizations. IAFP applauds this goal for the waiver and suggests mention in the waiver application of the need and possibility of CMS opening the rule to Medicaid and CHIP.

Pathway 1. Delivery System Transformation. The Delivery System Reform Incentive Payments (DRSIPs) that are suggested to be provided to University of Illinois at Chicago includes an innovation in building on and expanding Emergency Department Interdisciplinary Care (EPIC) Coordination for Frequent ER Visitors Model. IAFP was part of many organizations hosted by Illinois Department of Healthcare and Family Services (HFS) to think through the Medicaid emergency department utilization. Attached is the December 2013 final report from the CHIPRA Quality Demonstration Grant Emergency Department Utilization Workgroup. **The recommendations posed there should be considered for the waiver proposal.**

Pathway 2. Population Health. Population health interventions should support efforts to enhance I-CARE, the statewide immunization registry. IAFP believes all Illinois vaccine providers enter each vaccine encounter in the state immunization registry (I-CARE) prioritized by (VFC) Vaccines for Children Program first, in a phased rollout with I-CARE capacity allowing. Electronic health records vendors are

encouraged to make the link between the E.H.R. and I-CARE easy, so that entry of immunization data into the E.H.R. is automatically transferred to I-CARE, without the need for entry of the information twice (once to the E.H.R., and once to I-CARE). **The newly created Regional Public Health Hubs should support this policy.**

Pathway 3. Workforce. IAFP supports the concept of funding to create/expand state loan repayment programs. **The Family Medicine Residency Act,**

<http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1158&ChapterID=18> , is one of the repayment programs in statute but currently not funded, and should be funded. Loan repayment programs are effective, as this report from Minnesota shows,

<http://www.health.state.mn.us/divs/orhpc/pubs/loanforgivreport.pdf> The new idea to develop an incentive pool for safety net hospitals to create loan repayment programs should include all those who are in clinical service, including physicians.

IAFP is very supportive of the Illinois Medicaid Graduate Medical Education (GME) program. Illinois already has one very successful family medicine training program which has been developed through the Department of Health and Human Services/HRSA's Teaching Health Center Graduate Medical Education Program (THC). This program should continue to be funded through the GME program and more THCs created that are just like it. <http://www.aafp.org/news-now/education-professional-development/20130307thcgmeprogram.html>

IAFP is pleased to participate in the 1115 waiver application development. These comments provided are in addition to those we provided November 25, 2013, on the 1115 waiver concept paper.

For additional details or any further information, please contact:

Vincent Keenan, CAE

Executive Vice President

Illinois Academy of Family Physicians

vkeen@iafp.com